

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
004720088

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		1				
5		1				
6		1				
7	1					
8		1				
9		1				
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45						
46						
47						
48						
49						
50						
TOTAL IND.	3					
TO AL DE	9					
TO AL CL/MS	12					

TOTAL IND.			
TOTAL DEP.			
TOTAL CLAIMS			